

Commonwealth of Massachusetts.

No. RETURN OF A BIRTH.

To the Clerk of the City or Town in which the birth occurred.

(FILL OUT WITH INK. ALL NAMES TO BE IN FULL.)

Date of Birth,	Jan 5 1907
Full Name of Child, .	Gilbert Raymond O'Brien
Sex, Color and if Twin, .	White - male
Place of Birth,	Southville Mass
Full Name of Father, .	John Joseph O'Brien
Maiden Name of Mother, .	Estella Maud Clapp
Residence of Parents, .	Southville Mass
Occupation of Father, .	Lamp lighter
Birthplace of Father, .	Southville Mass
Birthplace of Mother, .	West Medway Mass

Dated at Ashland Jan 7 1907
 Signature and residence
 of person making return.

 Dr. G. Wood
 Ashland Mass

Frammingham Mass

Jan 6, 18.

Mr. Chas H. Newton

Dear Sir, The name

our baby Florence Persis
Johns. Sorry we haven't sent
her name in before.

Yours Truly
Wm. L. Johns.

Commonwealth of Massachusetts.

No. RETURN OF A BIRTH.

To the Clerk of the City or Town in which the birth occurred.

(FILL OUT WITH INK. ALL NAMES TO BE IN FULL.)

Date of Birth,	Jan. 9. 1897.
Full Name of Child, . . .	John Harold MacLean
Sex, Color and if Twin, . .	Mal. White.
Place of Birth,	Southboro Mass.
Full Name of Father, . . .	John Hector MacLean.
Maiden Name of Mother, . .	Lucy Corkum
Residence of Parents, . . .	Southboro
Occupation of Father, . . .	Dairyman
Birthplace of Father, . . .	Chester N.S. Sydney C.B.
Birthplace of Mother, . . .	Chester N.S.

Dated at Southboro Mass. July 9 1907Signature and residence
of person making return. }A.C. Estuane M.D.Southboro.

Commonwealth of Massachusetts.

No. _____ RETURN OF A BIRTH.

To the Clerk of the City or Town in which the birth occurred.

(FILL OUT WITH INK. ALL NAMES TO BE IN FULL.)

Date of Birth,

Jan 16 1907

Full Name of Child, . . .

Joseph Martin

supplied by
Chas. H. Newton
Town Clerk

Sex, Color and if Twin, . .

Male White

Place of Birth,

Southville Mass

Full Name of Father, . . .

Thomas Martin

Maiden Name of Mother, . .

Aunnie Colliers

Residence of Parents, . . .

Southville Mass

Occupation of Father, . . .

Fireman

Birthplace of Father, . . .

Waterford Ireland

Birthplace of Mother, . . .

Co. Down Ireland

Dated at

Ashland Jan 18 1907

Signature and residence
of person making return. }

D. Goarwood

Ashland Mass

Commonwealth of Massachusetts.

No. _____ RETURN OF A BIRTH.

To the Clerk of the City or Town in which the birth occurred.

(FILL OUT WITH INK. ALL NAMES TO BE IN FULL.)

Date of Birth,	Feb 15-1907
Full Name of Child, . . .	Harold Orvand Jones
Sex, Color and if Twin, .	Male white
Place of Birth,	Cordaville Mass
Full Name of Father, . .	Charles Jones
Maiden Name of Mother, .	Susie Ella Bowker
Residence of Parents, . .	Cordaville Mass
Occupation of Father, . .	Spinner
Birthplace of Father, . .	Cheneyford Mass
Birthplace of Mother, . .	Carroll Me.

Dated at Ashland Feb 17 1907

J. Howood.

Signature and residence
of person making return.

Ashland Mass

I The undersigned on oath depose and say
That the following correctly states the facts relating
to the birth of Frank J. Rossi

Date of birth:- March 22 - 1907

Name of Child:- Frank J. Rossi

Sex:- male

Color:- white

Place of birth:- South Berrough

Name of Father:- Peter Rossi

Maiden name of Mother:- Angelina Milatich

Residence of parents:- South Berrough

Occupation of Father:- Laborer

Birth place of Father:- Italy

Birth place of Mother:- Italy

Samuel Bocore

Attending Physician

Commonwealth of Massachusetts.

No. RETURN OF A BIRTH.

To the Clerk of the City or Town in which the birth occurred.

(FILL OUT WITH INK. ALL NAMES TO BE IN FULL.)

Date of Birth,	March 24 1907
Full Name of Child, . .	Mary Ferrari
Sex, Color and if Twin, .	Female - white
Place of Birth,	Fayville Mass
Full Name of Father, . .	Joseph Ferrari
Maiden Name of Mother, .	Brigida Brassa
Residence of Parents, . .	Fayville Mass
Occupation of Father, . .	Laborer
Birthplace of Father, . .	Travo Italy
Birthplace of Mother, . .	Travo Italy

Dated at Ashland Mass 1907

 Signature and residence
 of person making return.

 D Gowood
 Ashland Mass

Commonwealth of Massachusetts.

No. _____ RETURN OF A BIRTH.

To the Clerk of the City or Town in which the birth occurred.

(FILL OUT WITH INK. ALL NAMES TO BE IN FULL.)

Date of Birth,

Apr 1st 1907

Full Name of Child, . . .

Frank Morrow Eustis

Sex, Color and if Twin, . .

Male white

Place of Birth,

Fayville Mass

Full Name of Father, . . .

Frank Morrow Eustis

Maiden Name of Mother, . .

Sarah Veronica McGrath

Residence of Parents, . . .

Fayville Mass

Occupation of Father, . . .

Collector

Birthplace of Father, . . .

Fayville Mass

Birthplace of Mother, . . .

Saxtonville Mass

Dated at

Ashland Apr 3 1907

Signature and residence
of person making return. }

D. F. Gowood

Ashland Mass

Commonwealth of Massachusetts.

No. RETURN OF A BIRTH.

To the Clerk of the City or Town in which the birth occurred.

(FILL OUT WITH INK. ALL NAMES TO BE IN FULL.)

Date of Birth,	April 6 1907.
Full Name of Child, .	John Emmet Daughan.
Sex, Color and if Twin, .	Male. White.
Place of Birth,	Southboro Mass
Full Name of Father, .	Daniel M. Daughan
Maiden Name of Mother, .	Elizabeth Harmon.
Residence of Parents, . .	Southboro
Occupation of Father, . .	Labrer
Birthplace of Father, . .	Ireland
Birthplace of Mother, . .	Longford Eng.

Dated at Southboro Mass July 9 1907

Signature and residence } A. C. Eastman M.D.
 of person making return. } Southboro Mass

(See deposition)

FORM A.

Commonwealth of Massachusetts.

No. RETURN OF A BIRTH.

To the Clerk of the City or Town in which the birth occurred.

(FILL OUT WITH INK. ALL NAMES TO BE IN FULL.)

Date of Birth,

May 9. 1907.

Full Name of Child, . .

Ida Phoebe Smith } Supplied
by
town clerk

Sex, Color and if Twin, .

Female White

Place of Birth,

Fayville Mass.

Full Name of Father, .

William Smith

Maiden Name of Mother, .

Abbie Herrick

Residence of Parents, . .

Fayville Mass.

Occupation of Father, . .

Lumber.

Birthplace of Father, . .

Southboro Mass.

Birthplace of Mother, . .

Albion Mass.

Dated at

June 11

1907,

Signature and residence

Amel Boon

of person making return.

Southboro Mass

Commonwealth of Massachusetts.

No. _____ RETURN OF A BIRTH.

To the Clerk of the City or Town in which the birth occurred.

(FILL OUT WITH INK. ALL NAMES TO BE IN FULL.)

Date of Birth,	May 17 1907
Full Name of Child, . . .	Arthur Leroy Hosmer
Sex, Color and if Twin, . .	Male White
Place of Birth,	Southboro Mass
Full Name of Father, . . .	Irving S. Hosmer
Maiden Name of Mother, . .	Nellie Canty
Residence of Parents, . . .	Southboro
Occupation of Father, . . .	Farmer
Birthplace of Father, . . .	Frammingham
Birthplace of Mother, . . .	Marlboro

Dated at Southboro July 13 1907A. C. EastmanSignature and residence
of person making return. }Southboro Mass

Commonwealth of Massachusetts.

No. _____ RETURN OF A BIRTH.

To the Clerk of the City or Town in which the birth occurred.

(FILL OUT WITH INK. ALL NAMES TO BE IN FULL.)

Date of Birth,	May 29/07
Full Name of Child, .	Edward Peter Caesar Carboni
Sex, Color and if Twin, .	Male - white
Place of Birth,	Southville Mass
Full Name of Father, .	Caesar Carboni
Maiden Name of Mother, .	Annetta Marcontojnini
Residence of Parents, .	Southville Mass
Occupation of Father, . .	Laborer
Birthplace of Father, . .	San Costanzo Italy
Birthplace of Mother, . .	San Costanzo Italy

Dated at

Ashland Mass May 31/07 190

 Signature and residence
 of person making return.

 J. Gowood
 Ashland Mass

Commonwealth of Massachusetts.

No. _____ RETURN OF A BIRTH.

To the Clerk of the City or Town in which the birth occurred.

(FILL OUT WITH INK. ALL NAMES TO BE IN FULL.)

Date of Birth,

June 6, 1907

Full Name of Child, . . .

Grace Edner Corbett

Sex, Color and if Twin, . .

Female - White.

Place of Birth,

Southboro Mass.

Full Name of Father, . . .

Chas. E. Corbett.

Maiden Name of Mother, . .

Marion Barnes.

Residence of Parents, . . .

Southboro Mass.

Occupation of Father, . . .

Driver

Birthplace of Father, . . .

Lakewood N.H.

Birthplace of Mother, . . .

Waltham Mass.

Dated at

Southboro Mass. June 7.

1907

Signature and residence

Howell Barnes

of person making return.

Southboro Mass.

Supplied by
Clerk
J. W. Clark

Commonwealth of Massachusetts.

No. _____ RETURN OF A BIRTH.

To the Clerk of the City or Town in which the birth occurred.

(FILL OUT WITH INK. ALL NAMES TO BE IN FULL.)

Date of Birth,

Full Name of Child,

Sex, Color and if Twin,

Place of Birth,

Full Name of Father,

Maiden Name of Mother,

Residence of Parents,

Occupation of Father,

Birthplace of Father,

Birthplace of Mother,

Dated at Southboro Mass June 15 1907Signature and residence
of person making return. }J. Bacon
Southboro Mass

Commonwealth of Massachusetts.

No. RETURN OF A BIRTH.

To the Clerk of the City or Town in which the birth occurred.

(FILL OUT WITH INK. ALL NAMES TO BE IN FULL.)

Date of Birth,	June 21, 1907
Full Name of Child, . .	Evelyn Matherell Wood
Sex, Color and if Twin, .	Female. White
Place of Birth,	Southboro Mass
Full Name of Father, . .	Ernest Matherell Wood
Maiden Name of Mother, .	Antonio H. Albert
Residence of Parents, . .	Southboro
Occupation of Father, . .	Clergy man
Birthplace of Father, . .	New York City
Birthplace of Mother, . .	Jersey City

Dated at Southboro July 9 1907
 Signature and residence
 of person making return.

 A C. Eastman M.D.
 Southboro Mass

Commonwealth of Massachusetts.

No. _____ RETURN OF A BIRTH.

To the Clerk of the City or Town in which the birth occurred.

(FILL OUT WITH INK. ALL NAMES TO BE IN FULL.)

Date of Birth,

Full Name of Child, . . .

Sex, Color and if Twin, . .

Place of Birth,

Full Name of Father, . . .

Maiden Name of Mother, .

Residence of Parents, . . .

Occupation of Father, . . .

Birthplace of Father, . . .

Birthplace of Mother, . . .

Dated at

Signature and residence
of person making return. }

June 24. 1907.

Florence ^{PERSIS} Johns.

Female, White.

Southboro Mass.

William T. Johns.

Cora Coleman.

Southboro Mass.

Blacksmith.

England

Gardner Mass.

Southboro July 9 1907

A. V. Eastman M.D.
Southboro Mass.

To the Clerk of the City or Town in which the birth occurred.

Date of Birth,

June 25, 1907. { supplied
Helen Kathlic Adams } orn. by
D. M. C. H.

Full Name of Child, . . .

Female - White -

Sex, Color and if Twin,

Place of Birth, . . .

Southboro Mass.

Full Name of Father, _____

Roger - H. Adams.

Maiden Name of Mother,

Amy G. Howe.

Residence of Parents, . . .

Southboro Mass.

Occupation of Father, . . .

Being None.

Birthplace of Father, . .

Holliston Mass.

Birthplace of Mother, . . .

South Cove Mass.

Dated at

Something more June 28 1907

Signature and residence

of person making return.

Small River
South Co. Mass.

Commonwealth of Massachusetts.

No. RETURN OF A BIRTH.

To the Clerk of the City or Town in which the birth occurred.

(FILL OUT WITH INK. ALL NAMES TO BE IN FULL.)

Date of Birth, July 9 - 07
 Full Name of Child, . . . Ruth Parilla Johnson
 Sex, Color and if Twin, . . Female - white
 Place of Birth, Southboro
 Full Name of Father, . . James William Johnson
 Maiden Name of Mother, Royce Campbell
 Residence of Parents, Southboro Mass
 Occupation of Father, Farmer
 Birthplace of Father, Southboro
 Birthplace of Mother, Nova Scotia

Dated at

Southboro
July 16.

1907

 Signature and residence
 of person making return.

 R. S. Newton
 Southboro

Commonwealth of Massachusetts.

No. RETURN OF A BIRTH.

To the Clerk of the City or Town in which the birth occurred.

(FILL OUT WITH INK. ALL NAMES TO BE IN FULL.)

Date of Birth, July-10-07

Full Name of Child, . . Marion Adelaide Fay

Sex, Color and if Twin, . Female - white

Place of Birth, Southboro

Full Name of Father, . . Louis ^{Winifred} Fay

Maiden Name of Mother, Minnie Blanche E. Leary

Residence of Parents, . . Southboro Mass

Occupation of Father, . . Farmer

Birthplace of Father, . . Southboro

Birthplace of Mother, . . New Milis. Nova Scotia

Dated at Southwark this 16 1907

Signature and residence
of person making return.

} J. Newton
 } Waltham Mass

Commonwealth of Massachusetts.

No. _____ RETURN OF A BIRTH.

To the Clerk of the City or Town in which the birth occurred.

(FILL OUT WITH INK. ALL NAMES TO BE IN FULL.)

Date of Birth,

July 13th 1907

Full Name of Child, . . .

Roland Edward Hodge }
Dorchester
City
From Clerk

Sex, Color and if Twin, . .

Male, White

Place of Birth,

Southville Mass

Full Name of Father, . . .

Ernest Culver Hodge

Maiden Name of Mother, . .

Grace Freda Walckup

Residence of Parents, . . .

Southville Mass

Occupation of Father, . . .

Jobber

Birthplace of Father, . . .

Southville Mass

Birthplace of Mother, . . .

Southville Mass

Dated at

Ashland July 15 1907

Signature and residence

Dr Goodwood

of person making return.

Ashland Mass

(See deposition #1)

Commonwealth of Massachusetts.

No. _____ RETURN OF A BIRTH.

To the Clerk of the City or Town in which the birth occurred.

(FILL OUT WITH INK. ALL NAMES TO BE IN FULL.)

Date of Birth,

July 31, 1907

Full Name of Child, . . .

Louisa Gallivan

supplied by
Clerk
Town Clerk

Sex, Color and if Twin, . .

Female White

Place of Birth,

Southboro Mass

Full Name of Father, . . .

Timothy Belliveau

Maiden Name of Mother, .

Mary Pihly

Residence of Parents, . . .

Southboro Mass

Occupation of Father, . . .

Hayman

Birthplace of Father, . . .

Suicid,

Birthplace of Mother, . . .

Scotland

Dated at

Southboro Mass

July 31

1907

Signature and residence

of person making return.

Lornee Basin

Southboro Mass

Southboro
Commonwealth of Massachusetts.

Date of Birth, *Aug 2* 1907

Sex, *Female*

Color (if other than white), *White*

Name (if named), *Mary B. Brieri*

Place of Birth, No. *Cherry* Street

Name of Father, *Fred. Brieri*

Name of Mother, *Julia Brieri*

Maiden Name of Mother, *Julia Ezzini*

Residence of Parents, No. *Cherry* Street

Occupation of Father, *Laborer*

Birthplace of Father, *Italy*

Birthplace of Mother, *Italy*

(Signature),

Daniel L. Healy

Physician.

Recd Jan 18 1908
atoul

Commonwealth of Massachusetts.

No. RETURN OF A BIRTH.

To the Clerk of the City or Town in which the birth occurred.

(FILL OUT WITH INK. ALL NAMES TO BE IN FULL.)

Date of Birth,

Aug. 8. 1907.

Full Name of Child, . . .

Florence Finn

Sex, Color and if Twin, . .

Female White

Place of Birth,

Southboro Mass.

Full Name of Father, . . .

Lawrence Finn

Maiden Name of Mother, . .

Annie Moran

Residence of Parents, . . .

Southboro Mass.

Occupation of Father, . . .

Farmer.

Birthplace of Father, . . .

Ireland.

Birthplace of Mother, . . .

Ireland.

Dated at

Southboro Mass. Aug 12

1907

Signature and residence

Hazel Bacon

of person making return.

Southboro Mass.

Commonwealth of Massachusetts.

No. _____ RETURN OF A BIRTH.

To the Clerk of the City or Town in which the birth occurred.

(FILL OUT WITH INK. ALL NAMES TO BE IN FULL.)

Date of Birth,

Aug 10 / 1907

Full Name of Child, . . .

Herma Chauden Thompson

Sex, Color and if Twin, . .

Male - white

Place of Birth,

Southville Mass

Full Name of Father, . . .

Chas. Edward Thompson

Maiden Name of Mother, . .

Florence Myrtle Lincoln

Residence of Parents, . . .

Souceville Mass

Occupation of Father, . . .

Clerk

Birthplace of Father, . . .

Birthplace of Mother, . . .

Southville Mass

Dated at

Ashland Aug 12 1907

Signature and residence
of person making return. }

D. Gowood

Ashland Mass

Commonwealth of Massachusetts.

[EXTRACT FROM CHAPTER 29, REVISED LAWS.]

SECTION 13. The clerk of each city and town shall forthwith make certified copies of the records of all births * * * recorded during the previous month, if * * * the parents of the child born were residents of any other city or town in this commonwealth or in any other state at the time of said birth * * * , and transmit them to the clerk of the city or town of which such * * * parents were residents at the time of said birth * * * , stating, if practicable, the name of the street and number of the house, if any, where such * * * parents * * * so resided; and the clerk of a city or town in this commonwealth * * * so receiving such certified copies, or certified copies * * * from the clerk of a city or town without the commonwealth, shall record the same.

Blank to be used in compliance with the foregoing.

(FILL OUT WITH INK, ALL NAMES TO BE IN FULL.)

Copy of the Record of a

BIRTH

recorded in the books of the City of Somerville
(City or town.)

during the month of January 1908.

1. Date of Birth,	August 10, 1907.
2. Full Name of Child, . .	Herman Chandler Thompson
3. Sex, Color, and if Twin, . .	Male, White
4. Place of Birth,	Southville, Mass.
5. Residence of Parents, . .	237 Willow Ave., Somerville, Mass.
6. Name of Father,	Charles E. Thompson
7. Occupation of Father, . .	Manager
8. Birthplace of Father, . .	N. Y.
9. Maiden Name of Mother, .	Florence Lincoln
9. Birthplace of Mother, . .	Southville, Mass.

I certify that the foregoing is a true copy.

Attest:

Frederic W. Cook

FEB 6 1908.

City Clerk.
(City or town.)

Rec'd
Jas 6-08
Jas 6-08

Commonwealth of Massachusetts.

No. _____ RETURN OF A BIRTH.

To the Clerk of the City or Town in which the birth occurred.

(FILL OUT WITH INK. ALL NAMES TO BE IN FULL.)

Date of Birth,	Aug. 12 1907
Full Name of Child,	Francis Chernutt Washington
Sex, Color and if Twin,	Female Colored
Place of Birth,	Southboro Mass
Full Name of Father,	Edward Washington
Maiden Name of Mother,	Francis M. Chernutt
Residence of Parents,	Southboro Mass.
Occupation of Father,	Steward
Birthplace of Father,	N.Y.
Birthplace of Mother,	North Carolina

Dated at Southboro Mass Aug 13 1907Signature and residence
of person making return.

J. Bacon
Southboro Mass

Commonwealth of Massachusetts.

No. RETURN OF A BIRTH.

To the Clerk of the City or Town in which the birth occurred.

(FILL OUT WITH INK. ALL NAMES TO BE IN FULL.)

Date of Birth,

Aug 13. 1907.

Full Name of Child, .

Grace Mildred Underwood

Sex, Color and if Twin, .

Female White

Place of Birth,

Southboro Mass.

Full Name of Father, .

William Underwood

Maiden Name of Mother, .

Ella S. Fay

Residence of Parents, . .

Southboro Mass.

Occupation of Father, . .

Laborer.

Birthplace of Father, . .

Vt.

Birthplace of Mother, . .

Southboro Mass

Dated at

Southboro Mass Aug 14 1907

Signature and residence

of person making return.

J. Bacon

Southboro Mass

Commonwealth of Massachusetts.

No. _____ RETURN OF A BIRTH.

To the Clerk of the City or Town in which the birth occurred.

(FILL OUT WITH INK. ALL NAMES TO BE IN FULL.)

Date of Birth,

Aug. 20 / 1907

Full Name of Child, .

George Edward Herbert

Sex, Color and if Twin, .

Male white

Place of Birth,

Southboro

Full Name of Father, .

George Herbert

Maiden Name of Mother, .

Bessie Frances Waldron

Residence of Parents, .

Southboro Mass

Occupation of Father, . .

Farmer

Birthplace of Father, . .

Manchester Eng.

Birthplace of Mother, .

Taunton Mass

Dated at

Ashland Aug 22 1907

Signature and residence
of person making return. }

Dr. G. Wood,

Ashland Mass

(See deposition #2)
Commonwealth of Massachusetts.

Date of Birth, Sept 10 1907.

Sex, Male

Color (if other than white),

Name (if named), Henry Forbes Firmin

Place of Birth, No. Firmin Hospital Street

Name of Father, George T. Firmin

Name of Mother, Catherine

Maiden Name of Mother, Perkins

Residence of Parents, No. Southboro Street

Occupation of Father, Cochman

Birthplace of Father, England

Birthplace of Mother, Ireland

(Signature),

Frank E. Lemenway
Tom Clark Physician.
Reddick

Commonwealth of Massachusetts.

No. _____ RETURN OF A BIRTH.

To the Clerk of the City or Town in which the birth occurred.

(FILL OUT WITH INK. ALL NAMES TO BE IN FULL.)

Date of Birth,	Sept 21 1907
Full Name of Child, .	Charles Benis Jones
Sex, Color and if Twin, .	Male white
Place of Birth,	Southville Mo
Full Name of Father, .	Chas. Benis Jones
Maiden Name of Mother, .	Annie Elizabeth Allen
Residence of Parents, . .	Southville Mo
Occupation of Father, . .	Laborer
Birthplace of Father, . .	Windsor Vermont
Birthplace of Mother, . .	St John N. B.

Dated at Ashland Sept 23 1907
 Signature and residence
 of person making return.

 Dr. Goodwood
 Ashland Mo

Commonwealth of Massachusetts.

No. RETURN OF A BIRTH.

To the Clerk of the City or Town in which the birth occurred.

(FILL OUT WITH INK. ALL NAMES TO BE IN FULL.)

Date of Birth,

Full Name of Child,

Sex, Color and if Twin,

Place of Birth,

Full Name of Father,

Maiden Name of Mother,

Residence of Parents,

Occupation of Father,

Birthplace of Father,

Birthplace of Mother,

Dated at

Signature and residence

of person making return.

Sept 23. 1907

Nicholas Pullipo

Male - white

Fayville Mass

John Pullipo

Elastica Pechio

Fayville Mass

Laborer

Italy

Italy

Fayville Sept 3 1907

R J Newton

Fayville Mass

To the Clerk of the City or Town in which the birth occurred.

Date of Birth,	Oct 3 rd 1907
Full Name of Child, . .	Helen Elizabeth Carey
Sex, Color and if Twin, .	Female White
Place of Birth,	Fayville Mass
Full Name of Father, . .	John Edward Carey
Maiden Name of Mother, .	Annie Elizabeth Anger
Residence of Parents, . .	Fayville Mass
Occupation of Father, . .	Farmer
Birthplace of Father, . .	Cedarville N.Y.
Birthplace of Mother, . .	Clinton N.Y.

Dated at Auckland Dec 5 1907

Signature and residence } D. Gowood
of person making return. } Ashland Mass.

Commonwealth of Massachusetts.

No. RETURN OF A BIRTH.

To the Clerk of the City or Town in which the birth occurred.

(FILL OUT WITH INK. ALL NAMES TO BE IN FULL.)

Date of Birth,

Oct. 9. 1907

Full Name of Child, . . .

Marion Bianchi

Sex, Color and if Twin, . .

White Female

Place of Birth,

Fayville Mass

Full Name of Father, . . .

Peter Bianchi

Maiden Name of Mother, . .

Marie Argion

Residence of Parents, . . .

Fayville Mass.

Occupation of Father, . . .

Laborer

Birthplace of Father, . . .

Italy

Birthplace of Mother, . . .

Italy

Dated at

Southboro Mass Oct-16 1907

Signature and residence

of person making return.

Hazel Bacon

Southboro Mass

Commonwealth of Massachusetts.

No. _____ RETURN OF A BIRTH.

To the Clerk of the City or Town in which the birth occurred.

(FILL OUT WITH INK. ALL NAMES TO BE IN FULL.)

Date of Birth,	Oct 23-1907
Full Name of Child, . . .	George Hunt
Sex, Color and if Twin, . .	Male white
Place of Birth,	Southville Mass
Full Name of Father, . . .	John Albert Hunt
Maiden Name of Mother, .	Gertrude Mary Cady
Residence of Parents, . .	Southville Mass
Occupation of Father, . .	Labored
Birthplace of Father, . . .	Southville Mass
Birthplace of Mother, . .	Southville Mass

Dated at Ashland Oct 25 190

Signature and residence
of person making return.

Dr. Lowood.
Ashland Mass

Commonwealth of Massachusetts.

No. 1 RETURN OF A BIRTH.

To the Clerk of the City or Town in which the birth occurred.

(FILL OUT WITH INK. ALL NAMES TO BE IN FULL.)

Date of Birth,

Oct. 23, 1907

Full Name of Child,

Genevieve Baby Bagley

Sex, Color and if Twin,

Female - White

Place of Birth,

Southborough Mass

Full Name of Father,

Thomas H. Bagley

Maiden Name of Mother,

Miss Mary G. Carrigan

Residence of Parents,

Southborough Mass

Occupation of Father,

Laborer

Birthplace of Father,

Chilmark Mass

Birthplace of Mother,

Westborough Mass

Dated at

Southborough Mass Nov. 3 1907

Signature and residence

L. Walter A. Shaw.

of person making return.

Southborough Mass

FILL EVERY BLANK.

Date of Birth

Nov. 9, 1907.

Name of Child

Carlton James Cripps

Color, if other than white

White

Sex

Male

Condition,
Twin, Illegitimate, Etc. }

—

Place of Birth,
If other than Marlborough, }

Putnam Mass

Name of Father

Harry C. Cripps

Maiden Name of Mother

Caroline Lambertson

Residence of Parents,
Street and Number

Deer's Estate, Putnam.

Occupation of Father

Station Engineer

*Place of Birth of Father

Bridgewater, Maine

*Place of Birth of Mother

Putnam, Massachusetts

*If in the United States, what town.

Signature of Person
making return }

J. M. Cripps, Jr.
Marlborough Mass

Commonwealth of Massachusetts.

No. _____ RETURN OF A BIRTH.

To the Clerk of the City or Town in which the birth occurred.

(FILL OUT WITH INK. ALL NAMES TO BE IN FULL.)

Date of Birth,	Nov 11 th 1907
Full Name of Child, . . .	
Sex, Color and if Twin, . .	
Place of Birth,	Southville Mass
Full Name of Father, . . .	George Herbert Voted
Maiden Name of Mother, .	Harriett Eliza Reed
Residence of Parents, . . .	Southville Mass
Occupation of Father, . . .	Stone keeper
Birthplace of Father, . . .	Maine
Birthplace of Mother, . . .	Southville Mass

Dated at Ashland Mass ^{Nov 13} 1907
 Signature and residence
 of person making return.

Dr. G. Wood

Ashland Mass

Commonwealth of Massachusetts.

No. 2

RETURN OF A BIRTH.

To the Clerk of the City or Town in which the birth occurred.

(FILL OUT WITH INK. ALL NAMES TO BE IN FULL.)

Date of Birth,	<u>Nov 25, 1907</u>
Full Name of Child, . . .	<u>Jacob William George Ramelli</u>
Sex, Color and if Twin, . .	<u>Male White</u>
Place of Birth,	<u>Southborough, Mass.</u>
Full Name of Father, . . .	<u>Lozarus Ramelli</u>
Maiden Name of Mother, . .	<u>Barella Juditha</u>
Residence of Parents, . . .	<u>Southborough, Mass.</u>
Occupation of Father, . . .	<u>Labourer</u>
Birthplace of Father, . . .	<u>Italy</u>
Birthplace of Mother, . . .	<u>Italy</u>

Dated at

Southborough, Mass Dec 3, 1907

Signature and residence

of person making return.

Mr. Walter A. ShawSouthborough Mass

FILL EVERY BLANK.

Date of Birth

Dec 17 1907

Name of Child

Leslie Day

Color, if other than white

Sex

Male

Condition,
Twin, Illegitimate, Etc. }

Illegitimate

Place of Birth,
If other than Marlborough, }

Southboro Mass

Name of Father

Maiden Name of Mother

Amey B. Day

Residence of Parents,
Street and Number

Brother at State
Charge

Occupation of Father

*Place of Birth of Father

*Place of Birth of Mother

Epworth Mass

*If in the United States, what town.

Signature of Person
making return }

L. F. M. Carthy
Marlboro Mass

Commonwealth of Massachusetts.

No. _____ RETURN OF A BIRTH.

To the Clerk of the City or Town in which the birth occurred.

(FILL OUT WITH INK. ALL NAMES TO BE IN FULL.)

Date of Birth,	Dec 17 th 1907
Full Name of Child, . .	Evelyn Covern } ^{Supplied by} C. H. N. } _{Town Clerk}
Sex, Color and if Twin, .	Female white
Place of Birth,	Fayville Mass
Full Name of Father, .	Herbert George Covern
Maiden Name of Mother, .	Ethel Zillah Harris
Residence of Parents, . .	Southboro Mass
Occupation of Father, . .	Expressman
Birthplace of Father, . .	Wolverhampton Eng.
Birthplace of Mother, . .	Southboro Mass

Dated at Ashland Mass Dec 20 1907
 Signature and residence
 of person making return.

J. G. Wood.

Ashland Mass

Commonwealth of Massachusetts.

No. _____ RETURN OF A BIRTH.

To the Clerk of the City or Town in which the birth occurred.

(FILL OUT WITH INK. ALL NAMES TO BE IN FULL.)

Date of Birth,	Dec. 21, 1907.
Full Name of Child, . . .	
Sex, Color and if Twin, . .	Female. White
Place of Birth,	Southboro Mass.
Full Name of Father, . . .	Harry Austin McMaster
Maiden Name of Mother, . .	Lottie Linsley
Residence of Parents, . . .	Southboro Mass.
Occupation of Father, . . .	Merchant
Birthplace of Father, . . .	Sharon Mass.
Birthplace of Mother, . . .	Colorado

Dated at Southboro Mass Dec 26 1907Signature and residence
of person making return.

}	<u>H. Bacon</u>
	<u>Southboro Mass.</u>

Commonwealth of Massachusetts.

No. RETURN OF A BIRTH.

To the Clerk of the City or Town in which the birth occurred.

(FILL OUT WITH INK. ALL NAMES TO BE IN FULL.)

Date of Birth,	Dec 31 - 1907
Full Name of Child, . .	Mary Welch Pierce ^{Supplementary} _{entry of}
Sex, Color and if Twin, .	Female White
Place of Birth,	Jayville Mass
Full Name of Father, .	Peter Waples Hall Pierce
Maiden Name of Mother, .	Hattie Goodrow
Residence of Parents, . .	Southboro Mass
Occupation of Father, . .	Station Agent
Birthplace of Father, . .	Milford Delaware
Birthplace of Mother, . .	Tracadie Nova Scotia

Dated at Ashland Jan 2 1908

Signature and residence
of person making return.

J. G. Wood.

Ashland Mass